

2001 MICHIGAN Single Business Tax Annual Return

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

IDENTIFICATION	
1 This return is for calendar year 2001 or for the following tax year <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Beginning Date month year <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div> <div style="width: 45%;"> Ending Date month year <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div> </div>	5 Federal Employer ID No. (FEIN) or TR No. <div style="border: 1px solid black; width: 150px; height: 20px; float: right;"></div> 6a Check this box if address is new <input type="checkbox"/> b Check this box if discontinued <input type="checkbox"/> Effective date of discontinuance _____
2 Name (Type or Print) d/b/a	7 Business Start Date
Street Address City, State, ZIP	8 Principal Business Activity
3 Check this box if you are filing a Michigan consolidated return. <input type="checkbox"/> Enter authorization number _____	9 Organization Type (check one) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">a. <input type="checkbox"/> Individual</div> <div style="width: 50%;">b. <input type="checkbox"/> Fiduciary</div> <div style="width: 50%;">c. <input type="checkbox"/> Professional Corporation</div> <div style="width: 50%;">d. <input type="checkbox"/> S-Corporation</div> <div style="width: 50%;">e. <input type="checkbox"/> Other Corporation</div> <div style="width: 50%;">f. <input type="checkbox"/> Partnership/LLC-Partnership</div> <div style="width: 50%;">g. <input type="checkbox"/> Limited Liability Company-Corporation</div> </div>
4 Check this box if you are a member of a controlled group (see instruction book). <input type="checkbox"/>	

☐ Check this box if you DO NOT need a book mailed to you.

10 Gross receipts 11 Business income. Filers using the Short-Method, go to C-8000S, line 9	1000 1100
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COMPENSATION

12 Salaries, wages and other payments to employees 13 Employee insurance plans - health, life 14 Pension, retirement, profit sharing plans 15 Other payments - supplemental unemployment benefit trust, etc 16 Total Compensation. Add lines 12 - 15	1200 1300 1400 1500 1600
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ADDITIONS - to the extent deducted in arriving at business income.

17 Depreciation and other write-off of tangible assets 18 Taxes imposed on or measured by income, e.g., city, state, foreign 19 Single business tax 20 Dividends, interest and royalty expenses 21 Capital loss carryover or carryback 22 Net operating loss carryover or carryback 23 Gross interest and dividend income from bonds and similar obligations issued by states other than Michigan and its political subdivisions 24 Any deduction or exclusion due to classification as FSC or similar classification and expenses of financial organizations, see inst. 25 Losses from partnerships. Account no. 26 Total Additions. Add lines 17 - 25 27 Subtotal. Add lines 11, 16 and 26	1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700
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SUBTRACTIONS

28 Dividends, interest and royalty income included in business income 29 Capital losses not deducted in arriving at business income 30 Income from partnerships included in business income, Account no. 31 Total Subtractions. Add lines 28 - 30	2800 2900 3000 3100
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TAX BASE

32 Tax Base. Subtract line 31 from line 27 33 Apportioned Tax Base. Multiply line 32 by _____ % from C-8000H, line 16 or 19	3200 3300
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Go to page 2

PAYMENT	
62 What amount did you enter on page 2, line 58?	PAY THIS AMOUNT 6200

Attachments: Attach copies of the federal forms listed in the instructions to your return. Also attach all required SBT schedules.

Payment: Payable to "State of Michigan." Write your FEIN on the check.

Mail to: Michigan Dept. of Treasury
P.O. Box 30059
Lansing, MI 48909

www.treasury.state.mi.us

Continue and sign on page 2.

▼ Attach your check here ▼

TAX BASE

34 What amount did you enter on line 32 or 33, whichever applies? 34 _____ .00

ADJUSTMENTS

35 Recapture of capital acquisition deduction from C-8000D, line 19. ▶ 35 _____ .00

36 ADJUSTED TAX BASE BEFORE loss deduction and statutory exemption.

Add line 34 and line 35. If line 35 is negative, subtract. ▶ 36 _____ .00

If negative, this is a business loss carryforward; **do not complete lines 37 through 42. Enter zero on line 43.**

37 Business loss deduction 37 _____ .00

38 **Adjusted Tax Base Before Statutory Exemption.** Subtract line 37 from line 36 38 _____ .00

STATUTORY EXEMPTION - Complete and attach the Statutory Exemption Schedule (Form C-8043).

39 Allowable statutory exemption, from C-8043, line 16. 39 _____ .00

40 **Adjusted Tax Base.** Subtract line 39 from line 38. Check if C-8000G is attached ▶ a ☐ 40 _____ .00

REDUCTIONS, NONREFUNDABLE CREDITS, AND TAX

41 Reduction to adjusted tax base, if applicable. See instructions for Form C-8000S. 41 _____ .00

Check the method being used: ▶ ☐ **Compensation Reduction OR** ▶ ☐ **Gross Receipts Reduction.**

42 Taxable base. Subtract line 41 from line 40. If you used the gross receipts short-method, enter the amount from C-8000S, line 14. 42 _____ .00

43 **Tax Before All Credits.** Multiply line 42 by 2.0% (.020). Fiscal or short period filers see page 3. ▶ 43 _____ .00

If you are not taking the Investment Tax Credit on C-8000ITC, enter the amount from line 43 on line 44.

44 **Tax After Investment Tax Credit.** Enter the amount from C-8000ITC, line 37 ▶ 44 _____ .00

The small business and contribution credits are computed on C-8000C and/or C-8009. Complete the C-8000C and/or C-8009 before continuing. If you are not filing a C-8000C or C-8009, enter the amount from line 44 on line 45.

45 Enter the amount from C-8000, line 44, C-8000C, lines 19, 26 or 36 or C-8009, line 33 or 34 45 _____ .00

46 Unincorporated/S-corp. credit. Multiply line 45 by percent from page 15 46 _____ .00

47 Nonrefundable credits from C-8000MC, line 71 47 _____ .00

48 Add lines 46 and 47 48 _____ .00

49 **Tax After Nonrefundable Credits.** Subtract line 48 from line 45 ▶ 49 _____ .00

PAYMENTS, REFUNDABLE CREDITS AND TAX DUE

50 Overpayment credited from 2000 50 _____ .00

51 Estimated tax payments 51 _____ .00

52 Tax paid with request for extension 52 _____ .00

53 Refundable credits from C-8000MC, line 10 53 _____ .00

54 Total. Add lines 50 - 53 ▶ 54 _____ .00

55 **TAX DUE.** Subtract line 54 from line 49. If less than zero, leave blank ▶ 55 _____ .00

56 Underpaid estimate penalty and interest from C-8020, line 28 or 38, whichever applies 56 _____ .00

57 Annual return penalty at ____% = _____ .00 and interest = _____ .00 57 _____ .00

58 **Payment Due.** Add lines 55 - 57. Enter this amount on page 1, line 62 58 _____ .00

OVERPAYMENT - REFUND OR CREDIT FORWARD

59 Overpayment. Subtract line 49, and any penalty and interest due on lines 56 and 57, from line 54 59 _____ .00

60 How much of the amount on line 59 do you want **refunded** to you? ▶ 60 _____ .00

61 How much of the amount on line 59 do you want **credited forward**? ▶ 61 _____ .00

SIGNATURE, DECLARATION AND AUTHORIZATION**TAXPAYER'S DECLARATION**

I declare under penalty of perjury that this return is true and correct to the best of my knowledge.

I authorize Treasury to discuss my return with my preparer. ☐ Yes ☐ No

PREPARER'S DECLARATION

I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's Signature

Taxpayer's Signature

Print or Type Preparer's Name

Date

Print or Type Taxpayer's Name

Date

Business Address, Phone and Identification Number

Title

This return is due April 30, or on or before the last day of the 4th month after the close of your tax year.